

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	
2	/						52	
3	/						53	
4	/						54	
5	/						55	
6	/						56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17	/						67	
18	/						68	
19	/						69	
20	/						70	
21	/						71	
22	/						72	
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28	/						78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	68						TOTAL DEP.	
TOTAL CLAIMS	72						TOTAL CLAIMS	